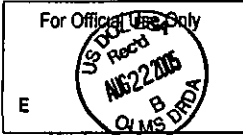


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



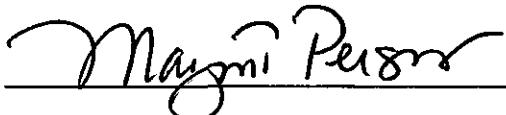
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 10518	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Margaret A Peisert P O Box Bldg Room No if any Street 12 Belmont Court City Silver Spring State Maryland ZIP Code + 4 20910	4 Name file number and address of labor organization Name Coalition of Kaiser Permanente Unions Labor Organization File Number 542 572 P O Box Building and Room Number if any Street 888 16th Street N W Suite 670 City Washington State District of Columbia ZIP Code + 4 20006
5 Position in labor organization Assistant Director	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Kaiser Permanente Trade Name if any P O Box Bldg Room No if any Street 1 Kaiser Plaza City Oakland State California ZIP Code + 4 94612	7 a Nature of Interest Transaction or Income Lodging Meeting and Conference Meals (See attached list for details) 7 b Amount \$1 179

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed 	On 08/16/2005	202 974 8093
	Date	Telephone Number

Name of Person Filing Margaret Peisert	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount \$0</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment \$0</p>

2004 LM-30**Attachment for Section "A" - Detailed List of Meeting & Conference Meals**

Name	Margaret A Peisert
Organization	Coalition of Kaiser Permanente Unions AFL-CIO
Labor Org File No	542-572

<u>Date</u>	<u>Purpose</u>	<u>Location</u>	<u>Amount</u>
1/13/2004	OLMP Staff Meeting-Lunch	San Francisco CA	40
1/14/2004	OLMP Staff Meeting-Lunch	San Francisco CA	48
2/5/2004	Joint Labor Relations Dinner	Manhattan CA	49
2/11/2004	Business Dinner	Manhattan CA	72
3/16/2004	Business Dinner	Wash DC	46
3/22/2004	Leadership Team Mtg -Lunch	Boston MA	53
3/22/2004	Business Dinner	Boston MA	88
5/4/2004	Leadership Team Mtg -Lunch	Boston MA	51
5/17/2004	Business Dinner	Wash DC	66
6/29/2004	Group Business Dinner	Oakland CA	60
6/29/2004	Team Leads Meeting	Oakland CA	26
6/29/2004	Team Leads Lodging	Oakland CA	486
8/2/2004	Business Dinner	Alameda CA	28
9/8/2004	Business Dinner	Wash DC	33
12/8/2004	OLMP Staff Meeting-Lunch	Oakland CA	33
<u>Total</u>			<u>\$1,179</u>